



Unison Health Plan of the Capital Area, Inc.

(Notary Public Signature)

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199999 Total individuals						
Group Subscribers:						
District of Columbia - Office of Contracting & Procurement	3,028,161					3,028,161
0299997 Subtotal - Group Subscribers:	3,028,161					3,028,161
0299998 Premium due and unpaid not individually listed						
0299999 Total group	3,028,161					3,028,161
0399999 Premiums due and unpaid from Medicare entities						
0499999 Premiums due and unpaid from Medicaid entities	523,522					523,522
0599999 Accident and health premiums due and unpaid (Page 2, Line 13) .	3,551,683					3,551,683

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
Pharmaceutical Rebate Receivables						
Unison Administrative Services, LLC	6,729			10,093	10,093	6,729
0199998 Pharmaceutical Rebate Receivables - Not Individually Listed						
0199999 Subtotal - Pharmaceutical Rebate Receivables	6,729			10,093	10,093	6,729
0299998 Claim Overpayment Receivables - Not Individually Listed						
0299999 Subtotal - Claim Overpayment Receivables						
0399998 Loans and Advances to Providers - Not Individually Listed						
0399999 Subtotal - Loans and Advances to Providers						
0499998 Capitation Arrangement Receivables - Not Individually Listed						
0499999 Subtotal - Capitation Arrangement Receivables						
0599998 Risk Sharing Receivables - Not Individually Listed						
0599999 Subtotal - Risk Sharing Receivables						
0699998 Other Receivables - Not Individually Listed						
0699999 Subtotal - Other Receivables						
0799999 Gross health care receivables	6,729			10,093	10,093	6,729

EXHIBIT 4 - CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)
Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
Individually Listed Claims Unpaid						
Rx America	81,778		161			81,939
0199999 Total - Individually Listed Claims Unpaid	81,778		161			81,939
0299999 Aggregate Accounts Not Individually Listed - Uncovered						
0399999 Aggregate Accounts Not Individually Listed - Covered	4,994,904	37,222				5,032,126
0499999 Subtotals	5,076,682	37,222	161			5,114,065
0599999 Unreported claims and other claim reserves						6,716,305
0699999 Total Amounts Withheld						
0799999 Total Claims Unpaid						11,830,370
0899999 Accrued Medical Incentive Pool and Bonus Amounts						

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1 Name of Affiliate	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	Admitted	
						7 Current	8 Non-Current
	NONE						
0399999 Total gross amounts receivable

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5
Affiliate	Description	Amount	Current	Non-Current
Individually listed payables				
Unison Administrative Services, LLC	Operations Outsourcing Agreement	424,875	424,875	
UnitedHealth Group, Inc.	Tax Sharing Agreement	424,000	424,000	
0199999 Total - Individually listed payables	X X X	848,875	848,875	
0299999 Payables not individually listed	X X X			
0399999 Total gross payables	X X X	848,875	848,875	

EXHIBIT 7 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

	1	2	3	4	5	6
Payment Method	Direct Medical Expense Payment	Column 1 as a % of Total Payments	Total Members Covered	Column 3 as a % of Total Members	Column 1 Expenses Paid to Affiliated Providers	Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups						
2. Intermediaries	352,769	1.678	27,430	100.000		352,769
3. All other providers						
4. Total capitation payments	352,769	1.678	27,430	100.000		352,769
Other Payments:						
5. Fee-for-service			X X X	X X X		
6. Contractual fee payments	20,669,833	98.322	X X X	X X X		20,669,833
7. Bonus/withhold arrangements - fee-for-service			X X X	X X X		
8. Bonus/withhold arrangements - contractual fee payments			X X X	X X X		
9. Non-contingent salaries			X X X	X X X		
10. Aggregate cost arrangements			X X X	X X X		
11. All other payments			X X X	X X X		
12. Total other payments	20,669,833	98.322	X X X	X X X		20,669,833
13. Total (Line 4 plus Line 12)	21,022,602	100.000	X X X	X X X		21,022,602

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1	2	3	4	5	6
NAIC Code	Name of Intermediary	Capitation Paid	Average Monthly Capitation	Intermediary's Total Adjusted Capital	Intermediary's Authorized Control Level RBC
.....	DAVIS VISION INC	235,004	33,572
00000	LOGISTICARE SOLUTIONS LLC	117,765	16,824
9999999		352,769	X X X	X X X	X X X

EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

		1	2	3	4	5	6
Description		Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1.	Administrative furniture and equipment
2.	Medical furniture, equipment and fixtures	N O N E	
3.	Pharmaceuticals and surgical supplies
4.	Durable medical equipment
5.	Other property and equipment
6.	Total



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:
NAIC Group Code 0707 BUSINESS IN THE STATE OF DISTRICT OF COLUMBIA DURING THE YEAR NAIC Company Code 13032

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year										
2. First Quarter										
3. Second Quarter	780		411						369	
4. Third Quarter	28,378		14,917						13,461	
5. Current Year	27,430		14,521						12,909	
6. Current Year Member Months	165,783		80,576						85,207	
Total Member Ambulatory Encounters for Year:										
7. Physician	32,782		15,339						17,443	
8. Non-Physician	3,875		1,670						2,205	
9. Total	36,657		17,009						19,648	
10. Hospital Patient Days Incurred	7,040		3,812						3,228	
11. Number of Inpatient Admissions	1,255		618						637	
12. Health Premiums Written (b)	32,728,622		16,511,967						16,216,655	
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	32,728,622		16,511,967						16,216,655	
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	21,022,602		11,967,606						9,054,996	
18. Amount Incurred for Provision of Health Care Services	32,852,972		19,072,883						13,780,089	

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:
BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR
NAIC Group Code 0707 NAIC Company Code 13032

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year										
2. First Quarter										
3. Second Quarter	780		411						369	
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(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0

29 Grand Total

SCHEDULE S - PART 1 - SECTION 2

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9	10	11	12
NAIC Company Code	Federal ID Number	Effective Date	Name of Reinsured	Location	Type of Reinsurance Assumed	Premiums	Unearned Premiums	Reserve Liability Other Than for Unearned Premiums	Reinsurance Payable on Paid and Unpaid Losses	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
NONE											
0399999 Totals

SCHEDULE S - PART 2

Reinsurance Recoverable on Paid and Unpaid Losses Listed by
Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 Federal ID Number	3 Effective Date	4 Name of Company	5 Location	6 Paid Losses	7 Unpaid Losses
Accident and Health, Non-Affiliates						
93440 ...	06-1041332 ...	05/01/2008	HM LIFE INS CO	Pittsburgh, PA	28,845	161,462
0599999 Total - Accident and Health, Non-Affiliates					28,845	161,462
0699999 Totals - Accident and Health					28,845	161,462
0799999 Totals - Life, Annuity and Accident and Health					28,845	161,462

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9	Outstanding Surplus Relief		12	13
									10	11		
NAIC Company Code	Federal ID Number	Effective Date	Name of Company	Location	Type	Premiums	Unearned Premiums (estimated)	Reserve Credit Taken Other than for Unearned Premiums	Current Year	Prior Year	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
Authorized General Account - Non-Affiliates												
93440 ...	06-1041332 ...	05/01/2008	HM LIFE INS CO	Pittsburgh, PA	SSL/L/I	157,298
0299999 Subtotal - Authorized General Account - Non-Affiliates						157,298
0399999 Total - Authorized General Account						157,298
0799999 Total - Authorized and Unauthorized General Account						157,298
1599999 Totals						157,298

SCHEDULE S - PART 4
Reinsurance Ceded To Unauthorized Companies

1	2	3	4	5	6	7	8	9	10	11	12	13	14
NAIC Company Code	Federal ID Number	Effective Date	Name of Reinsurer	Reserve Credit Taken	Paid and Unpaid Losses Recoverable (Debit)	Other Debits	Totals (Cols. 5 + 6 + 7)	Letters of Credit	Trust Agreements	Funds Deposited by and Withheld from Reinsurers	Other	Miscellaneous Balances (Credit)	Sum of Cols. 9+10+11+12+13 But Not in Excess of Col. 8
				NONE									
1199999 Totals (General Account and Separate Accounts combined)

SCHEDULE S - PART 5
Five-Year Exhibit of Reinsurance Ceded Business
(000 Omitted)

	1 2008	2 2007	3 2006	4 2005	5 2004
A. OPERATIONS ITEMS					
1. Premiums	72				
2. Title XVIII-Medicare					
3. Title XIX - Medicaid	86				
4. Commissions and reinsurance expense allowance					
5. Total hospital and medical expenses	190				
B. BALANCE SHEET ITEMS					
6. Premiums receivable					
7. Claims payable	161				
8. Reinsurance recoverable on paid losses	29				
9. Experience rating refunds due or unpaid					
10. Commissions and reinsurance expense allowances unpaid					
11. Unauthorized reinsurance offset					
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
12. Funds deposited by and withheld from (F)					
13. Letters of credit (L)					
14. Trust agreements (T)					
15. Other (O)					

SCHEDULE S - PART 6
Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 10)	8,623,551		8,623,551
2. Accident and health premiums due and unpaid (Line 13)	3,551,683		3,551,683
3. Amounts recoverable from reinsurers (Line 14.1)	28,845	(28,845)	
4. Net credit for ceded reinsurance	X X X	190,307	190,307
5. All other admitted assets (Balance)	2,436,462		2,436,462
6. Total assets (Line 26)	14,640,541	161,462	14,802,003
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	11,668,908	161,462	11,830,370
8. Accrued medical incentive pool and bonus payments (Line 2)			
9. Premiums received in advance (Line 8)			
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 17)			
11. Reinsurance in unauthorized companies (Line 18)			
12. All other liabilities (Balance)	3,095,195		3,095,195
13. Total liabilities (Line 22)	14,764,103	161,462	14,925,565
14. Total capital and surplus (Line 31)	(123,562)	X X X	(123,562)
15. Total liabilities, capital and surplus (Line 32)	14,640,541	161,462	14,802,003
NET CREDIT FOR CEDED REINSURANCE			
16. Claims unpaid	161,462		
17. Accrued medical incentive pool			
18. Premiums received in advance			
19. Reinsurance recoverable on paid losses	28,845		
20. Other ceded reinsurance recoverables			
21. Total ceded reinsurance recoverables	190,307		
22. Premiums receivable			
23. Funds held under reinsurance treaties with authorized and unauthorized reinsurers ...			
24. Unauthorized reinsurance			
25. Other ceded reinsurance payables/offsets			
26. Total ceded reinsurance payables/offsets			
27. Total net credit for ceded reinsurance	190,307		

SCHEDULE T - PART 2
INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN
ALLOCATED BY STATES AND TERRITORIES

Direct Business only						
	1	2	3	4	5	6
States, Etc.	Life (Group and Individual)	Annuities (Group and Individual)	Disability Income (Group and Individual)	Long-Term Care (Group and Individual)	Deposit-Type Contracts	Totals
1. Alabama (AL)						
2. Alaska (AK)						
3. Arizona (AZ)						
4. Arkansas (AR)						
5. California (CA)						
6. Colorado (CO)						
7. Connecticut (CT)						
8. Delaware (DE)						
9. District of Columbia (DC)						
10. Florida (FL)						
11. Georgia (GA)						
12. Hawaii (HI)						
13. Idaho (ID)						
14. Illinois (IL)						
15. Indiana (IN)						
16. Iowa (IA)						
17. Kansas (KS)						
18. Kentucky (KY)						
19. Louisiana (LA)						
20. Maine (ME)						
21. Maryland (MD)						
22. Massachusetts (MA)						
23. Michigan (MI)						
24. Minnesota (MN)						
25. Mississippi (MS)						
26. Missouri (MO)						
27. Montana (MT)						
28. Nebraska (NE)						
29. Nevada (NV)						
30. New Hampshire (NH)						
31. New Jersey (NJ)						
32. New Mexico (NM)						
33. New York (NY)						
34. North Carolina (NC)						
35. North Dakota (ND)						
36. Ohio (OH)						
37. Oklahoma (OK)						
38. Oregon (OR)						
39. Pennsylvania (PA)						
40. Rhode Island (RI)						
41. South Carolina (SC)						
42. South Dakota (SD)						
43. Tennessee (TN)						
44. Texas (TX)						
45. Utah (UT)						
46. Vermont (VT)						
47. Virginia (VA)						
48. Washington (WA)						
49. West Virginia (WV)						
50. Wisconsin (WI)						
51. Wyoming (WY)						
52. American Samoa (AS)						
53. Guam (GU)						
54. Puerto Rico (PR)						
55. U.S. Virgin Islands (VI)						
56. Northern Mariana Islands (MP)						
57. Canada (CN)						
58. Aggregate other alien (OT)						
59. TOTALS						

NONE

SCHEDULE Y (Continued)
PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	Federal ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/(Disburse- ments) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
	27-0015861	ACN Group of California, Inc.				(44,527)	1,640,194				1,595,667	
	41-4591944	ACN Group, Inc.				89,488	70,183,381				70,272,869	
82406	35-1665915	All Savers Insurance Company					(7,152)	16,575			9,423	(24,348)
73130	35-1744596	All Savers Life Insurance Company of California					(5,981)				(5,981)	
97179	86-0207231	American Medical Security Life Insurance Company	(140,000,000)				10,906,215	996,045			(128,097,741)	(108,593)
	54-1743141	AmeriChoice Health Services, Inc.					119,886,642				119,886,642	
13178	26-2481299	AmeriChoice of Connecticut, Inc.		1,500,000			(152,995)				1,347,005	
13168	26-2688274	AmeriChoice of Georgia, Inc.		3,000,000							3,000,000	
95497	22-3368602	AmeriChoice of New Jersey, Inc.	(16,000,000)				(60,844,614)				(76,844,614)	
95033	54-1495918	AmeriChoice of Pennsylvania, Inc.	(6,900,000)				(12,355,445)	(11,156,498)			(30,411,943)	29,183,573
	86-0813232	Arizona Physicians IPA, Inc.	(15,000,000)								(15,000,000)	
95440	35-1736982	Arnett HMO, Inc.				(645,792)	(2,107,943)	(36,553)			(2,790,288)	
	00-0000000	Arnett Practice Association, LLC				645,792					645,792	
	94-3111105	Behavioral Health Administrators					19,043				19,043	
	88-0267857	Behavioral Healthcare Options, Inc.					12,831,069				12,831,069	
	95-4188244	CII Financial, Inc.					(925,044)				(925,044)	
	52-1452809	Dental Benefit Providers of California, Inc.					(2,433,936)				(2,433,936)	
52053	36-4008355	Dental Benefit Providers of Illinois, Inc.					(854,801)				(854,801)	
	41-2014834	Dental Benefit Providers, Inc.					98,133,866				98,133,866	
	00-0000000	Duncan Printing Services, LLC	(13,000,000)								(13,000,000)	
	84-1162764	Electronic Network Systems, Inc.					21,953				21,953	
13214	26-2697886	Evercare of New Mexico, Inc.		3,500,000							3,500,000	
11141	91-2008361	Evercare of Texas, L.L.C.	(50,000,000)				(97,581,138)				(147,581,138)	
	88-0223385	Family Health Care Services					27,923,146				27,923,146	
	88-0257036	Family Home Hospice, Inc.					681,661				681,661	
	37-0855360	Golden Rule Financial Corporation					4,957,128				4,957,128	
62286	37-6028756	Golden Rule Insurance Company	(147,374,000)				(40,560,561)	(16,575)			(187,951,136)	24,348
95467	38-3204052	Great Lakes Health Plan, Inc.					(47,589,381)	(1,047,998)			(48,637,379)	1,617,953
96342	88-0201035	Health Plan of Nevada, Inc.	(12,000,000)				(542,444,510)	(695,546)			(545,219,799)	
	95-4763349	HealthAllies, Inc.					907,367			9,920,257	907,367	
81450	38-2346432	IBA Health and Life Assurance Company	(5,000,000)				1,270,799				(3,729,201)	
	86-0477097	Information Network Corporation					11,645,293				11,645,293	
	41-1858498	Ingenix, Inc.					841,692				841,692	
	00-0000000	MAMSI Insurance Resources, LLC					13,304,747				13,304,747	
60321	52-1803283	MAMSI Life and Health Insurance Company	(14,351,600)				(38,815,693)				(53,167,293)	
96310	52-1169135	MD-Individual Practice Association, Inc.	(4,762,000)				(82,515,817)	(633,833)			(87,911,650)	
	22-3341467	Medical Network, Inc.					26,033				26,033	
	00-0000000	Mid Atlantic Medical Services, LLC					62,779,208				62,779,208	
	39-1653251	Midwest Security Administrators, Inc.					(3,170,712)				(3,170,712)	
	39-1624025	Midwest Security Care, Inc.					206,152				206,152	
79480	35-1279304	Midwest Security Life Insurance Company	(15,000,000)				(2,626,462)				(17,626,462)	

SCHEDULE Y (Continued)
PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	Federal ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/(Disburse- ments) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
95251	41-1485369	National Benefit Resources, Inc.					21,913,473				21,913,473	
95123	76-0196559	National Pacific Dental, Inc.	(2,000,000)				(1,404,638)				(3,404,638)	
95758	65-0996107	Neighborhood Health Partnership, Inc.	(21,308,000)				(68,170,840)				(89,478,840)	
	88-0228572	Nevada Pacific Dental, Inc.					(5,628,868)				(5,628,868)	
96940	00-0000000	OneNet PPO, LLC	(3,500,000)				469,048				(3,030,952)	
	52-1518174	Optimum Choice, Inc.	(12,490,000)				(70,091,823)	(645,627)			(83,227,450)	
	47-0858534	OptumHealth Bank, Inc.					289,570				289,570	
	41-1921983	OptumHealth, Inc.					10,983,009				10,983,009	
78026	22-2797560	Oxford Health Insurance, Inc.	(250,000,000)				(174,682,884)	(190,962,030)			(615,644,914)	245,791,014
96798	06-1181201	Oxford Health Plans (CT), Inc.	(13,700,000)				(5,705,669)	(177,125)			(19,582,794)	
95506	22-2745725	Oxford Health Plans (NJ), Inc.	(45,000,000)				(22,016,598)	(2,489,070)			(69,505,668)	249,772
95479	06-1181200	Oxford Health Plans (NY), Inc.	(250,000,000)				(62,579,042)				(312,579,042)	
	00-0000000	Oxford Heath Plans LLC					174,682,884				174,682,884	
	94-2904953	Pacific Union Dental, Inc.	(2,500,000)				(2,217,434)				(4,717,434)	
	95-4166547	PacifiCare Behavioral Health of California, Inc.	(29,359,000)				120,073,297				90,714,297	
	33-0538634	PacifiCare Behavioral Health, Inc.	(25,000,000)				38,760,929			(1,471,520)	12,289,408	
	95-2797931	PacifiCare Dental	(3,600,000)				(5,327,805)			(249,741)	(9,177,546)	
11189	94-3284628	PacifiCare Dental of Colorado, Inc.					(282,306)			(18,440)	(300,746)	
	35-1508167	PacifiCare Health Plan Administrators, Inc.	25,000,000			(44,961)	505,602,503			(26,402,835)	504,154,707	
70785	35-1137395	PacifiCare Life and Health Insurance Company	(78,275,000)				(145,748,685)	(443,988)		121,843,159	(102,624,514)	179,200
84506	95-2829463	PacifiCare Life Assurance Company	(13,518,000)				(19,691,786)	85,986		(2,331,464)	(35,455,263)	
95617	94-3267522	PacifiCare of Arizona, Inc.	(66,309,000)				(160,015,583)	(1,170,930)			(227,495,513)	
	95-2931460	PacifiCare of California	(262,300,000)				106,688,889			(56,123,864)	(211,734,975)	
95434	84-1011378	PacifiCare of Colorado, Inc.	(74,764,000)				(93,413,834)	(875,252)		(6,575,802)	(175,628,888)	
95685	86-0875231	PacifiCare of Nevada, Inc.	(120,250,000)				(88,965,549)	(81,349)		(1,636,712)	(210,933,610)	
96903	33-0115166	PacifiCare of Oklahoma, Inc.	(28,200,000)				(36,697,207)			(2,357,690)	(67,254,897)	
95893	93-0938819	PacifiCare of Oregon, Inc.	(30,000,000)				(78,473,032)	(75)		(2,055,404)	(110,528,511)	
95174	33-0115163	PacifiCare of Texas, Inc.	(137,900,000)				(200,023,166)	(1,744,309)			(339,667,474)	
48038	91-1312551	PacifiCare of Washington	(22,800,000)				(61,177,364)	1,359			(83,976,005)	
	94-3252033	PacificDental Benefits, Inc.					9,250,940				9,250,940	
	33-0441200	RxSolutions, Inc.					(2,067,016,016)			(16,259,177)	(2,083,275,193)	
	98-0361995	Salveo Insurance Company, Ltd.	(40,000,000)								(40,000,000)	
	98-0361580	Sheridan RE, Inc.		5,000,000							5,000,000	
71420	94-0734860	Sierra Health & Life Insurance Co., Inc.					(1,747,373)	281,982			(1,465,391)	
	88-0200415	Sierra Health Services, Inc.					140,982,767			(9,920,257)	131,062,510	
	88-0254322	Sierra Health-Care Options, Inc.					(475,496)				(475,496)	
	88-0385705	Sierra Home Medical Products, Inc.					29,722,477				29,722,477	
	88-0201420	Southwest Medical Associates, Inc.					314,717,260				314,717,260	
	52-1900090	Special Risk International, Inc.					1,676,918				1,676,918	
	52-1260282	Spectera, Inc.					69,527,943				69,527,943	
	25-1825549	Three Rivers Holdings, Inc.		(3,000,000)			3,464,551				464,551	

SCHEDULE Y (Continued)
PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	Federal ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/(Disburse- ments) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
91529	94-3077084	U.S. Behavioral Health Plan, California	(4,500,000)				(6,073,493)				(10,573,493)	
11596	52-1996029	Unimerica Insurance Company		66,000,000			(35,137,709)				30,862,291	
	01-0637149	Unimerica Life Insurance Company of New York		10,000,000			(959,130)				9,040,870	
	25-1877716	Unison Administrative Services, LLC					160,760,475				160,760,475	
12012	55-0867089	Unison Family Health Plan of Pennsylvania, Inc.					(7,003,683)				(7,003,683)	
	51-0501506	Unison Health Holdings of Ohio, Inc.					3,273,623				3,273,623	
	20-5917714	Unison Health Plan of Delaware, Inc.		2,000,000			(10,152,817)				(8,152,817)	
12620	20-3330714	Unison Health Plan of New Jersey, Inc.					45,832				45,832	
12323	56-2451429	Unison Health Plan of Ohio, Inc.					(33,660,208)				(33,660,208)	
95220	25-1756858	Unison Health Plan of Pennsylvania, Inc.					(88,059,763)				(88,059,763)	
11775	32-0062883	Unison Health Plan of South Carolina, Inc.					(9,311,591)				(9,311,591)	
11139	62-1839257	Unison Health Plan of Tennessee, Inc.					(12,814,998)				(12,814,998)	
13032	26-0651931	Unison Health Plan of the Capital Area, Inc.		3,000,000			(1,983,537)				1,016,463	
	94-2649097	United Behavioral Health					261,235,484				261,235,484	
79413	36-2739571	United HealthCare Insurance Company	(1,964,412,000)	2,223,386			(3,627,426,597)	267,084,318		(6,360,510)	(5,328,891,403)	(305,249,071)
60318	36-3800349	United HealthCare Insurance Company of Illinois	(27,367,000)				(29,467,355)				(56,834,355)	
60093	11-3283886	United HealthCare Insurance Company of New York					(44,931,501)	(40,089,476)			(85,020,977)	
73518	31-1169935	United HealthCare Insurance Company of Ohio	(34,021,000)				(43,825,402)				(77,846,402)	
95784	63-0899562	United HealthCare of Alabama, Inc.	(57,935,000)				(30,936,281)	(411,568)			(89,282,850)	
96016	86-0507074	United HealthCare of Arizona, Inc.					(13,610,511)	(99,035)			(13,709,546)	
95446	63-1036819	United HealthCare of Arkansas, Inc.	(2,855,000)				(2,730,488)	(20,439)			(5,605,928)	
95090	84-1004639	United HealthCare of Colorado, Inc.					(390,108)	(4,562)			(394,670)	
95264	59-1293865	United HealthCare of Florida, Inc.	(23,000,000)				(196,681,249)	(1,388,942)			(221,070,191)	
95850	58-1653544	United HealthCare of Georgia, Inc.		8,900,000			(19,763,197)	(191,312)			(11,054,509)	
96644	62-1240316	United HealthCare of Kentucky, Ltd.	(1,089,000)				(7,085,481)	(47,754)			(8,222,235)	
95833	72-1074008	United HealthCare of Louisiana, Inc.	(1,600,000)				(1,203,671)	(7,723)			(2,811,394)	
95716	63-1036817	United HealthCare of Mississippi, Inc.					5,065				5,065	
95186	31-1142815	United HealthCare of Ohio, Inc.	(48,900,000)				(96,197,992)	(741,265)			(145,839,257)	
11147	63-1036814	United HealthCare of Tennessee, Inc.	(3,191,000)				(5,267,679)				(8,458,679)	
95765	95-3939697	United HealthCare of Texas, Inc.					(4,597,564)	(27,415)			(4,624,979)	
95591	47-0676824	United HealthCare of the Midlands, Inc.	(7,430,000)				(21,662,597)	(661,308)			(29,753,905)	
96385	43-1361841	United HealthCare of the Midwest, Inc.	(49,666,000)				(76,289,440)	(3,216,500)			(129,171,940)	8,239,274
95501	41-1488563	United HealthCare of Utah	(15,700,000)				(8,177,968)	(65,237)			(23,943,205)	
	41-2012479	United HealthCare Products, LLC					3,816,017				3,816,017	
	36-2739571	United HealthCare Service LLC	(55,700,000)								(55,700,000)	
	41-1289245	United HealthCare Services, Inc.	2,654,399,000	(91,400,000)			5,040,965,177				7,603,964,177	
	41-1940493	United Resource Networks, Inc.					10,556,537				10,556,537	
	41-1321939	UnitedHealth Group Incorporated	1,807,852,600	(6,500,000)			1,689,382,960				3,490,735,560	
	00-0000000	UnitedHealthcare Alliance LLC	(97,000,000)								(97,000,000)	
12231	20-1902768	UnitedHealthcare Insurance Co. of the River Valley	(2,900,000)				(7,208,139)	(22,474)			(10,130,613)	
95776	36-3280214	UnitedHealthcare of Illinois, Inc.	(7,773,000)	1,500,000			(11,976,616)	(76,999)			(18,326,615)	

SCHEDULE Y (Continued)
PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	Federal ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/(Disburse- ments) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
95149	05-0413469	UnitedHealthcare of New England, Inc.	(11,930,000)				(45,751,159)	(9,677,602)			(67,358,761)	17,443,936
95085	06-1172891	UnitedHealthcare of New York, Inc.		(5,723,386)			(67,038,081)				(72,761,467)	
95103	56-1461010	UnitedHealthcare of North Carolina, Inc.	(55,417,000)				(96,416,028)	(2,761,954)			(154,594,982)	
95025	52-1130183	UnitedHealthcare of the Mid-Atlantic, Inc.					(88,164,378)	(577,007)			(88,741,385)	
95710	39-1555888	UnitedHealthcare of Wisconsin, Inc.	(42,705,000)				(110,599,803)	3,723,396			(149,581,407)	1,652,475
95378	36-3379945	UnitedHealthcare Plan of the River Valley, Inc.					(134,826,449)	75,669			(134,750,780)	1,000,466
	36-3355110	UnitedHealthcare Svcs.Co.of the River Valley, Inc.					146,914,630				146,914,630	
9999999 Totals							0	0	X X X	0	0	0

Schedule Y Part 2 Explanation: Text answer for line 0000001.5

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

Response

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason, enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

MARCH FILING

1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?

Yes
2. Will an actuarial opinion be filed by March 1?

Yes
3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?

Yes
4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1?

Yes

APRIL FILING

5. Will Management's Discussion and Analysis be filed by April 1?

Yes
6. Will the Supplemental Investment Risks Interrogatories be filed by April 1?

Yes
7. Will the Accident and Health Policy Experience Exhibit be filed by April 1?

Yes

JUNE FILING

8. Will an audited financial report be filed by June 1?

Yes

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but it is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

MARCH FILING

9. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?

No
10. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?

No
11. Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC?

No
12. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?

No
13. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?

No
14. Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?

No
15. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?

No

APRIL FILING

16. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?

No
17. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?

No
18. Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC?

No

Explanations:

Bar Codes:

Medicare Supplement Insurance Experience Exhibit



Health Life Supplement



Health Property / Casualty Supplement



Schedule SIS



Actuarial Opinion on Participating and Non-Participating Policies



Statement of Non-Guaranteed Elements for Exhibit 5



Medicare Part D Coverage Supplement



LTC Experience Reporting Form C



Health Life Supplement - LHA Guaranty Association Reconciliation



Health Property / Casualty Supplement



UNDERWRITING AND INVESTMENT EXHIBIT

PART 3 - ANALYSIS OF EXPENSES

		Claim Adjustment Expenses		3	4	5
		1	2	General Administrative Expenses	Investment Expenses	Total
2504.	Training & Education 12,897 12,897
2505.	Meeting 18,043 18,043
2506.	Operations Outsourcing Agreement FIT Apportionment (189,725) (189,725)
2507.	Miscellaneous Expenses 17,074 17,074
2597.	Summary of overflow write-ins for Line 25 (141,711) (141,711)



13032200836500100

Medicare Part D Coverage Supplement
(Net of Reinsurance)
(To be Filed By March 1)

NAIC Group Code: 0707

NAIC Company Code: 13032

		Individual Coverage		Group Coverage		5 Total Cash
		1	2	3	4	
		Insured	Uninsured	Insured	Uninsured	
1.	Premiums Collected					
1.1	Standard Coverage					
1.11	With Reinsurance Coverage		X X X		X X X	
1.12	Without Reinsurance Coverage		X X X		X X X	
1.13	Risk-Corridor Payment Adjustments		X X X		X X X	
1.2	Supplemental Benefits		X X X		X X X	
2.	Premiums Due and Uncollected - change					
2.1	Standard Coverage					
2.11	With Reinsurance Coverage		X X X		X X X	X X X
2.12	Without Reinsurance Coverage		X X X		X X X	X X X
2.2	Supplemental Benefits		X X X		X X X	X X X
3.	Unearned Premium and Advance Premium - change					
3.1	Standard Coverage					
3.11	With Reinsurance Coverage		X X X		X X X	X X X
3.12	Without Reinsurance Coverage		X X X		X X X	X X X
3.2	Supplemental Benefits		X X X		X X X	X X X
4.	Risk-Corridor Payment Adjustments - change					
4.1	Receivable		X X X		X X X	X X X
4.2	Payable		X X X		X X X	X X X
5.	Earned Premiums					
5.1	Standard Coverage					
5.11	With Reinsurance Coverage		X X X		X X X	X X X
5.12	Without Reinsurance Coverage		X X X		X X X	X X X
5.13	Risk-Corridor Payment Adjustments		X X X		X X X	X X X
5.2	Supplemental Benefits		X X X		X X X	X X X
6.	Total Premiums		X X X		X X X	
7.	Claims Paid					
7.1	Standard Coverage					
7.11	With Reinsurance Coverage		X X X		X X X	
7.12	Without Reinsurance Coverage		X X X		X X X	
7.2	Supplemental Benefits		X X X		X X X	
8.	Claim Reserves and Liabilities - change					
8.1	Standard Coverage					
8.11	With Reinsurance Coverage		X X X		X X X	X X X
8.12	Without Reinsurance Coverage		X X X		X X X	X X X
8.2	Supplemental Benefits		X X X		X X X	X X X
9.	Healthcare Receivables - change					
9.1	Standard Coverage					
9.11	With Reinsurance Coverage		X X X		X X X	X X X
9.12	Without Reinsurance Coverage		X X X		X X X	X X X
9.2	Supplemental Benefits		X X X		X X X	X X X
10.	Claims Incurred					
10.1	Standard Coverage					
10.11	With Reinsurance Coverage		X X X		X X X	X X X
10.12	Without Reinsurance Coverage		X X X		X X X	X X X
10.2	Supplemental Benefits		X X X		X X X	X X X
11.	Total Claims		X X X		X X X	
12.	Reinsurance Coverage and Low Income Cost Sharing					
12.1	Claims Paid - net to reimbursements applied	X X X		X X X		
12.2	Reimbursements Received but Not Applied - change	X X X		X X X		
12.3	Reimbursements Receivable - change	X X X		X X X		X X X
12.4	Healthcare Receivables - change	X X X		X X X		X X X
13.	Aggregate Policy Reserves - change					X X X
14.	Expenses Paid		X X X		X X X	
15.	Expenses Incurred		X X X		X X X	X X X
16.	Underwriting Gain/Loss		X X X		X X X	X X X
17.	Cash Flow Results	X X X	X X X	X X X	X X X	



LIFE SUPPLEMENTS

To Be Filed By March 1

For the Year

NONE

 2008

Of The Unison Health Plan of the Capital Area, Inc. Insurance Company

Address (City, State and Zip Code) Washington, DC 20005

NAIC Group Code 0707 NAIC Company Code 13032 Employer's ID Number 26-0651931

EXHIBIT 5 - AGGREGATE RESERVE FOR LIFE CONTRACTS

1	2	3	4	5	6
Valuation Standard	Total	Industrial	Ordinary	Credit (Group and Individual)	Group
NONE					
9999999 Totals - (Net) -Page 3, Line 1

EXHIBIT 5 - INTERROGATORIES

1.1 Has the reporting entity ever issued both participating and non-participating contracts?
1.2 If not, state which kind is issued.

Yes[] No[X]

2.1 Does the reporting entity at present issue both participating and non-participating contracts?
2.2 If not, state which kind is issued.

Yes[] No[X]

3. Does the reporting entity at present issue or have in force contracts that contain non-guaranteed elements?
If so, attach a statement that contains the determination procedures, answers to the interrogatories and an actuarial opinion as described in the instructions.

Yes[] No[X]

4. Has the reporting entity any assessment or stipulated premium contracts in force?
If so, state:
4.1 Amount of insurance?
4.2 Amount of reserve?
4.3 Basis of reserve
4.4 Basis of regular assessments
4.5 Basis of special assessments
4.6 Assessments collected during the year

Yes[] No[X]

\$ 0
\$ 0

\$ 0

5. If the contract loan interest rate guaranteed in any one or more of its contracts is more than 5%, not in advance, state the contract loan rate guarantees on any such contracts

NONE

6. Does the reporting entity hold reserves for any annuity contracts that are less than the reserves that would be held on a standard basis?
6.1 If so, state the amount of reserve on such contracts on the basis actually held:
6.2 That would have been held (on an exact or approximate basis) using the actual ages of the annuitants; the interest rate(s) used in 6.1, and the same mortality basis used by the reporting entity for the valuation of comparable annuity benefits issued to standard lives. If the reporting entity has no comparable annuity benefits for standard lives to be valued, the mortality basis shall be the table most recently approved by the state of domicile for valuing individual annuity benefits:
Attach statement of methods employed in their valuation.

Yes[] No[X]
\$ 0

\$ 0

7. Does the reporting entity have any Synthetic GIC contracts or agreements in effect as of December 31 of the current year?
7.1 If yes, state the total dollar amount of assets covered by these contracts or agreements?
7.2 Specify the basis (fair value, amortized cost, etc.) for determining the amount
7.3 State the amount of reserves established for this business:
7.4 Identify where the reserves are reported in the blank

Yes[] No[X]
\$ 0

\$ 0

EXHIBIT 7 - DEPOSIT-TYPE CONTRACTS

	1	2	3	4	5	6
	Total	Guaranteed Interest Contracts	Annuities Certain	Supplemental Contracts	Dividend Accumulations or Refunds	Premium and Other Deposit Funds
1. Balance at the beginning of the year before reinsurance
2. Deposits received during the year
3. Investment earnings credited to the account
4. Other net change in reserves
5. Fees and other charges assessed
6. Surrender charges
7. Net surrender or withdrawal payments
8. Other net transfers to or (from) Separate Accounts
9. Balance at the end of current year before reinsurance (Lines 1 + 2 + 3 + 4 + 5 + 6 - 7 - 8)
10. Reinsurance balance at the beginning of the year
11. Net change in reinsurance assumed
12. Net change in reinsurance ceded
13. Reinsurance balance at the end of the year (Lines 10 + 11 - 12)
14. Net balance at the end of current year after reinsurance (Lines 9 + 13)

NONE

SCHEDULE S - PART 1 - SECTION 1

Reinsurance Assumed Life Insurance, Annuities, Deposit Funds and Other Liabilities

Without Life or Disability Contingencies, and Related Benefits Listed by Reinsured Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9	10	11	12
NAIC Company Code	Federal ID Number	Effective Date	Name of Reinsured	Location	Type of Reinsurance Assumed	Amount of In force at End of Year	Reserve	Premiums	Reinsurance Payable on Paid and Unpaid Losses	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
NONE											
0799999 Totals

SCHEDULE S - PART 3 - SECTION 1

Reinsurance Ceded Life Insurance, Annuities, Deposit Funds and Other Liabilities Without Life or Disability
Contingencies, and Related Benefits Listed by Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 Federal ID Number	3 Effective Date	4 Name of Company	5 Location	6 Type of Reinsurance Ceded	7 Amount in Force at End of Year	Reserve Credit Taken		10 Premiums	Outstanding Surplus Relief		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
							8 Current Year	9 Prior Year		11 Current Year	12 Prior Year		



PROPERTY / CASUALTY SUPPLEMENTS

(To Be Filed On Or Before March 1)

For the Year

NONE

 2008

Of The Unison Health Plan of the Capital Area, Inc. Insurance Company

Address (City, State and Zip Code) Washington, DC 20005

NAIC Group Code 0707 NAIC Company Code 13032 Employer's ID Number 26-0651931

SCHEDULE F - PART 1

Assumed Reinsurance as of December 31, Current Year (000 Omitted)

1 Federal ID Number	2 NAIC Company Code	3 Name of Reinsured	4 Domiciliary Jurisdiction	5 Assumed Premium	Reinsurance On			9 Contingent Commissions Payable	10 Assumed Premiums Receivable	11 Unearned Premium	12 Funds Held By or Deposited With Reinsured Companies	13 Letters of Credit Posted	14 Amount of Assets Pledged or Compensating Balances to Secure Letters of Credit	15 Amount of Assets Pledged or Collateral Held in Trust
					6 Paid Losses and Loss Adjustment Expenses	7 Known Case Losses and LAE	8 Columns 6 + 7							
				N O N E										
9999999 Totals

SCHEDULE F - PART 3

Ceded Reinsurance as of December 31, Current Year (000 Omitted)

1 Federal ID Number	2 NAIC Company Code	3 Name of Reinsurer	4 Domiciliary Jurisdiction	5 Reinsurance Contracts Ceding 75% or More of Direct Premiums Written	6 Reinsurance Premiums Ceded	Reinsurance Recoverable On									Reinsurance Payable		18	19
						7 Paid Losses	8 Paid LAE	9 Known Case Loss Reserves	10 Known Case LAE Reserves	11 IBNR Loss Reserves	12 IBNR LAE Reserves	13 Unearned Premiums	14 Contingent Commissions	15 Columns 7 thru 14 Totals	16 Ceded Balances Payable	17 Other Amounts Due to Reinsurers	Net Amount Recoverable From Rein- surers Cols. 15 - [16 + 17]	Funds Held By Company Under Reinsurance Treaties
9999999 Totals

NOTE: A. Report the five largest provisional commission rates included in the cedant's reinsurance treaties. The commission rate to be reported is by contract with ceded premium in excess of \$50,000:

	1 Name of Reinsurer	2 Commission Rate	3 Ceded Premium
1)
2)
3)
4)
5)

NONE

B. Report the five largest reinsurance recoverables reported in Column 15, due from any one reinsurer (based on the total recoverables, Line 9999999, Column 15), the amount of ceded premium, and indicate whether the recoverables are due from an affiliated insurer.

	1 Name of Reinsurer	2 Total Recoverables	3 Ceded Premiums	4 Affiliated
1)	Yes[] No[X] ...
2)	Yes[] No[X] ...
3)	Yes[] No[X] ...
4)	Yes[] No[X] ...
5)	Yes[] No[X] ...

SCHEDULE P - ANALYSIS OF LOSSES AND LOSS EXPENSES
SCHEDULE P - PART 1 - SUMMARY

(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported - Direct and Assumed
	1 Direct and Assumed	2 Ceded	3 Net (Columns 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid (Columns 4 - 5 + 6 - 7 + 8 - 9)	
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior	... X X X X X X X X X X X X ...
2. 1999 X X X ...
3. 2000 X X X ...
4. 2001 X X X ...
5. 2002 X X X ...
6. 2003 X X X ...
7. 2004 X X X ...
8. 2005 X X X ...
9. 2006 X X X ...
10. 2007 X X X ...
11. 2008 X X X ...
12. Totals	... X X X X X X X X X X X X ...

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Expenses Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed		
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR								
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 Ceded					
1. Prior						N O N E						.. X X X ..			
2. 1999															.. X X X ..
3. 2000															.. X X X ..
4. 2001															.. X X X ..
5. 2002															.. X X X ..
6. 2003															.. X X X ..
7. 2004															.. X X X ..
8. 2005															.. X X X ..
9. 2006															.. X X X ..
10. 2007															.. X X X ..
11. 2008															.. X X X ..
12. Totals															.. X X X ..

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior X X X X X X X X X X X X X X X X X X X X X
2. 1999
3. 2000
4. 2001
5. 2002
6. 2003
7. 2004
8. 2005
9. 2006
10. 2007
11. 2008
12. Totals X X X X X X X X X X X X X X X X X X X X X

Note: Parts 2 and 4 are gross of all discounting, including tabular discounting. Part 1 is gross of only nontabular discounting, which is reported in Columns 32 and 33 of Part 1. The tabular discount, if any, is reported in the Notes to Financial Statements which will reconcile Part 1 with Parts 2 and 4.

SCHEDULE P - PART 1A
HOMEOWNERS/FARMOWNERS

(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred		Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported - Direct and Assumed
		1 Direct and Assumed	2 Ceded	3 Net (Columns 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid (Columns 4 - 5 + 6 - 7 + 8 - 9)	
					4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1.	Prior X X X X X X X X X X X X ...
2.	1999
3.	2000
4.	2001
5.	2002
6.	2003
7.	2004
8.	2005
9.	2006
10.	2007
11.	2008
12.	Totals X X X X X X X X X X X X ...

		Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Expenses Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
		Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
		13	14	15	16	17	18	19	20					
		Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior	N O N E			
2. 1999		
3. 2000		
4. 2001		
5. 2002		
6. 2003	
7. 2004	
8. 2005	
9. 2006	
10. 2007	
11. 2008	
12. Totals	

NONE

		Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
		26	27	28	29	30	31	32	33		35	36
		Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1.	Prior X X X X X X X X X X X X X X X X X X X X X
2.	1999
3.	2000
4.	2001
5.	2002
6.	2003
7.	2004
8.	2005
9.	2006
10.	2007
11.	2008
12.	Totals X X X X X X X X X X X X X X X X X X X X X

ANNUAL STATEMENT FOR THE YEAR 2008 OF THE Unison Health Plan of the Capital Area, Inc.

SCHEDULE P - PART 1B

PRIVATE PASSENGER AUTO LIABILITY/MEDICAL

(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred		Premiums Earned			Loss and Loss Expense Payments								12
		1 Direct and Assumed	2 Ceded	3 Net (Columns 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid (Columns 4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported - Direct and Assumed
					4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1.	Prior X X X X X X X X X X X X ...
2.	1999
3.	2000
4.	2001
5.	2002
6.	2003
7.	2004
8.	2005
9.	2006
10.	2007
11.	2008
12.	Totals X X X X X X X X X X X X ...

		Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Expenses Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
		Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
		13	14	15	16	17	18	19	20					
		Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior	N O N E			
2. 1999	
3. 2000	
4. 2001	
5. 2002	
6. 2003	
7. 2004	
8. 2005	
9. 2006	
10. 2007	
11. 2008	
12. Totals	

NONE

		Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company	Net Balance Sheet Reserves After Discount	
		26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense	Pooling Participation Percentage	35 Losses Unpaid	36 Loss Expenses Unpaid
1.	Prior X X X X X X X X X X X X X X X X X X	
2.	1999	
3.	2000	
4.	2001	
5.	2002	
6.	2003	
7.	2004	
8.	2005	
9.	2006	
10.	2007	
11.	2008	
12.	Totals X X X X X X X X X X X X X X X X X X X X X

ANNUAL STATEMENT FOR THE YEAR 2008 OF THE Unison Health Plan of the Capital Area, Inc.

SCHEDULE P - PART 1C

COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL

(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred		Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported - Direct and Assumed
		1 Direct and Assumed	2 Ceded	3 Net (Columns 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid (Columns 4 - 5 + 6 - 7 + 8 - 9)	
					4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1.	Prior X X X X X X X X X X X X ...
2.	1999
3.	2000
4.	2001
5.	2002
6.	2003
7.	2004
8.	2005
9.	2006
10.	2007
11.	2008
12.	Totals X X X X X X X X X X X X ...

		Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other		23	24	25
		Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		Expenses Unpaid				
		13	14	15	16	17	18	19	20	21	22			
		Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior	NONE			
2. 1999
3. 2000
4. 2001
5. 2002	
6. 2003	
7. 2004	
8. 2005	
9. 2006	
10. 2007	
11. 2008	
12. Totals	

NONE

		Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
		26	27	28	29	30	31	32	33		35	36
		Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
	
1.	Prior X X X X X X X X X X X X X X X X X X X X X
2.	1999
3.	2000
4.	2001
5.	2002
6.	2003
7.	2004
8.	2005
9.	2006
10.	2007
11.	2008
12.	Totals	... X X X X X X X X X X X X X X X X X X X X X

SCHEDULE P - PART 1D
WORKERS' COMPENSATION

(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred		Premiums Earned			Loss and Loss Expense Payments								12
		1 Direct and Assumed	2 Ceded	3 Net (Columns 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid (Columns 4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported - Direct and Assumed
					4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1.	Prior X X X X X X X X X X X X ...
2.	1999
3.	2000
4.	2001
5.	2002
6.	2003
7.	2004
8.	2005
9.	2006
10.	2007
11.	2008
12.	Totals X X X X X X X X X X X X ...

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		Expenses Unpaid				
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior						NONE							
2. 1999													
3. 2000													
4. 2001													
5. 2002													
6. 2003													
7. 2004													
8. 2005													
9. 2006													
10. 2007													
11. 2008													
12. Totals													

NONE

		Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company	Net Balance Sheet Reserves After Discount	
		26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense	Pooling Participation Percentage	35 Losses Unpaid	36 Loss Expenses Unpaid
1.	Prior X X X X X X X X X X X X X X X X X X X X X
2.	1999
3.	2000
4.	2001
5.	2002
6.	2003
7.	2004
8.	2005
9.	2006
10.	2007
11.	2008
12.	Totals X X X X X X X X X X X X X X X X X X X X X

SCHEDULE P - PART 1E
COMMERCIAL MULTIPLE PERIL

(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred		Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported - Direct and Assumed
		1 Direct and Assumed	2 Ceded	3 Net (Columns 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid (Columns 4 - 5 + 6 - 7 + 8 - 9)	
					4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1.	Prior X X X X X X X X X X X X ...
2.	1999
3.	2000
4.	2001
5.	2002
6.	2003
7.	2004
8.	2005
9.	2006
10.	2007
11.	2008
12.	Totals X X X X X X X X X X X X ...

		Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Expenses Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
		Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
		13	14	15	16	17	18	19	20	21	22			
		Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior	N O N E					
2. 1999		
3. 2000		
4. 2001		
5. 2002		
6. 2003			
7. 2004			
8. 2005			
9. 2006			
10. 2007			
11. 2008			
12. Totals			

NONE

		Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
		26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1.	Prior X X X X X X X X X X X X X X X	X X X
2.	1999
3.	2000
4.	2001
5.	2002
6.	2003
7.	2004
8.	2005
9.	2006
10.	2007
11.	2008
12.	Totals X X X X X X X X X X X X X X X X X X X X X

SCHEDULE P - PART 1F - SECTION 1
MEDICAL MALPRACTICE - OCCURRENCE

(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred		Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported - Direct and Assumed
		1 Direct and Assumed	2 Ceded	3 Net (Columns 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid (Columns 4 - 5 + 6 - 7 + 8 - 9)	
					4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1.	Prior X X X X X X X X X X X X ...
2.	1999
3.	2000
4.	2001
5.	2002
6.	2003
7.	2004
8.	2005
9.	2006
10.	2007
11.	2008
12.	Totals X X X X X X X X X X X X ...

		Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Expenses Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
		Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
		13	14	15	16	17	18	19	20					
		Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior	N O N E			
2. 1999	
3. 2000	
4. 2001	
5. 2002	
6. 2003	
7. 2004	
8. 2005	
9. 2006	
10. 2007	
11. 2008	
12. Totals	

NONE

		Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
		26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1.	Prior X X X X X X X X X X X X X X X X X X ...			
2.	1999 ...											
3.	2000 ...											
4.	2001 ...											
5.	2002 ...											
6.	2003 ...											
7.	2004 ...											
8.	2005 ...											
9.	2006 ...											
10.	2007 ...											
11.	2008 ...											
12.	Totals X X X X X X X X X X X X X X X X X X X X X ...		

SCHEDULE P - PART 1F - SECTION 2
MEDICAL MALPRACTICE - CLAIMS - MADE

(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred		Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported - Direct and Assumed
		1 Direct and Assumed	2 Ceded	3 Net (Columns 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid (Columns 4 - 5 + 6 - 7 + 8 - 9)	
					4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1.	Prior X X X X X X X X X X X X ...
2.	1999
3.	2000
4.	2001
5.	2002
6.	2003
7.	2004
8.	2005
9.	2006
10.	2007
11.	2008
12.	Totals X X X X X X X X X X X X ...

		Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Expenses Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
		Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
		13	14	15	16	17	18	19	20					
		Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior	N O N E			
2. 1999				
3. 2000				
4. 2001				
5. 2002				
6. 2003	
7. 2004	
8. 2005	
9. 2006	
10. 2007	
11. 2008	
12. Totals	

		Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
		26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1.	Prior X X X X X X X X X X X X X X X X X X ...		
2.	1999 ...											
3.	2000 ...											
4.	2001 ...											
5.	2002 ...											
6.	2003 ...											
7.	2004 ...											
8.	2005 ...											
9.	2006 ...											
10.	2007 ...											
11.	2008 ...											
12.	Totals X X X X X X X X X X X X X X X X X X X X X ...		

SCHEDULE P - PART 1G
SPECIAL LIABILITY (OCEAN MARINE, AIRCRAFT (ALL PERILS), BOILER AND MACHINERY)

(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred		Premiums Earned			Loss and Loss Expense Payments								12
		1 Direct and Assumed	2 Ceded	3 Net (Columns 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid (Columns 4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported - Direct and Assumed
					4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1.	Prior X X X X X X X X X X X X ...
2.	1999												... X X X ...
3.	2000												... X X X ...
4.	2001												... X X X ...
5.	2002												... X X X ...
6.	2003												... X X X ...
7.	2004												... X X X ...
8.	2005												... X X X ...
9.	2006												... X X X ...
10.	2007												... X X X ...
11.	2008												... X X X ...
12.	Totals	... X X X X X X X X X X X X ...

		Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other		23	24	25
		Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		Expenses Unpaid				
		13	14	15	16	17	18	19	20	21	22			
		Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior	NONE			
2. 1999
3. 2000
4. 2001
5. 2002	
6. 2003	
7. 2004	
8. 2005	
9. 2006	
10. 2007	
11. 2008	
12. Totals	

NONE

		Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company	Net Balance Sheet Reserves After Discount	
		26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense	Pooling Participation Percentage	35 Losses Unpaid	36 Loss Expenses Unpaid
1.	Prior X X X X X X X X X X X X X X X X X X ...			
2.	1999 ...											
3.	2000 ...											
4.	2001 ...											
5.	2002 ...											
6.	2003 ...											
7.	2004 ...											
8.	2005 ...											
9.	2006 ...											
10.	2007 ...											
11.	2008 ...											
12.	Totals X X X X X X X X X X X X X X X X X X X X X ...		

SCHEDULE P - PART 1H - SECTION 1
OTHER LIABILITY - OCCURRENCE

(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred		Premiums Earned			Loss and Loss Expense Payments								12
		1 Direct and Assumed	2 Ceded	3 Net (Columns 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid (Columns 4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported - Direct and Assumed
					4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1.	Prior X X X X X X X X X X X X ...
2.	1999
3.	2000
4.	2001
5.	2002
6.	2003
7.	2004
8.	2005
9.	2006
10.	2007
11.	2008
12.	Totals X X X X X X X X X X X X ...

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		Expenses Unpaid				
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior						NONE							
2. 1999													
3. 2000													
4. 2001													
5. 2002													
6. 2003													
7. 2004													
8. 2005													
9. 2006													
10. 2007													
11. 2008													
12. Totals													

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense	Pooling Participation Percentage	35 Losses Unpaid	36 Loss Expenses Unpaid
1.	Prior X X X X X X X X X X X X X X X X X X ...		
2.	1999 ...										
3.	2000 ...										
4.	2001 ...										
5.	2002 ...										
6.	2003 ...										
7.	2004 ...										
8.	2005 ...										
9.	2006 ...										
10.	2007 ...										
11.	2008 ...										
12.	Totals X X X X X X X X X X X X X X X X X X ...		

SCHEDULE P - PART 1H - SECTION 2
OTHER LIABILITY - CLAIMS - MADE

(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred		Premiums Earned			Loss and Loss Expense Payments								12
		1 Direct and Assumed	2 Ceded	3 Net (Columns 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid (Columns 4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported - Direct and Assumed
					4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1.	Prior X X X X X X X X X X X X ...
2.	1999
3.	2000
4.	2001
5.	2002
6.	2003
7.	2004
8.	2005
9.	2006
10.	2007
11.	2008
12.	Totals X X X X X X X X X X X X ...

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		Expenses Unpaid				
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior						NONE							
2. 1999													
3. 2000													
4. 2001													
5. 2002													
6. 2003													
7. 2004													
8. 2005													
9. 2006													
10. 2007													
11. 2008													
12. Totals													

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense	Pooling Participation Percentage	35 Losses Unpaid	36 Loss Expenses Unpaid
1.	Prior X X X X X X X X X X X X X X X X X X ...		
2.	1999 ...										
3.	2000 ...										
4.	2001 ...										
5.	2002 ...										
6.	2003 ...										
7.	2004 ...										
8.	2005 ...										
9.	2006 ...										
10.	2007 ...										
11.	2008 ...										
12.	Totals X X X X X X X X X X X X X X X X X X ...		

SCHEDULE P - PART 11

SPECIAL PROPERTY (FIRE, ALLIED LINES, INLAND MARINE, EARTHQUAKE, BURGLARY AND THEFT)

(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred		Premiums Earned			Loss and Loss Expense Payments								12
		1 Direct and Assumed	2 Ceded	3 Net (Columns 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid (Columns 4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported - Direct and Assumed
					4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1.	Prior X X X X X X X X X X X X ...
2.	2007 X X X ...
3.	2008 X X X ...
4.	Totals X X X X X X X X X X X X ...

		Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Expenses Unpaid		23	24	25
		Case Basis		Bulk + IBNR		Case Basis								
		13	14	15	16	17								
		Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed								
1.	Prior											Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
2.	2007													
3.	2008													
4.	Totals													

		Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company	Net Balance Sheet Reserves After Discount	
		26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense	Pooling Participation Percentage	35 Losses Unpaid	36 Loss Expenses Unpaid
1.	Prior X X X X X X X X X X X X X X X X X X X X X ...		
2.	2007		
3.	2008		
4.	Totals X X X X X X X X X X X X X X X X X X X X X ...		

ANNUAL STATEMENT FOR THE YEAR 2008 OF THE Unison Health Plan of the Capital Area, Inc.

SCHEDULE P - PART 1J

AUTO PHYSICAL DAMAGE

(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred		Premiums Earned			Loss and Loss Expense Payments								12
		1 Direct and Assumed	2 Ceded	3 Net (Columns 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid (Columns 4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported - Direct and Assumed
					4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1.	Prior X X X X X X X X X X X X ...
2.	2007
3.	2008
4.	Totals X X X X X X X X X X X X ...

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Expenses Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis	NONE		21	22				
	13	14	15	16						17			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded						Direct and Assumed			
1. Prior	
2. 2007	
3. 2008	
4. Totals	

		Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
		26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1.	Prior X X X X X X X X X X X X X X X X X X X X X ...		
2.	2007		
3.	2008		
4.	Totals X X X X X X X X X X X X X X X X X X X X X ...		

ANNUAL STATEMENT FOR THE YEAR 2008 OF THE Unison Health Plan of the Capital Area, Inc.

SCHEDULE P - PART 1K

FIDELITY/SURETY

(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred		Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported - Direct and Assumed
		1 Direct and Assumed	2 Ceded	3 Net (Columns 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid (Columns 4 - 5 + 6 - 7 + 8 - 9)	
					4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1.	Prior X X X X X X X X X X X X ...
2.	2007 X X X ...
3.	2008 X X X ...
4.	Totals X X X X X X X X X X X X ...

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Expenses Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis	NONE		21	22				
	13	14	15	16						17			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded						Direct and Assumed			
1. Prior											Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
2. 2007													
3. 2008													
4. Totals													

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense	Pooling Participation Percentage	35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior X X X X X X X X X X X X X X X X X X X X X ...		
2. 2007		
3. 2008		
4. Totals X X X X X X X X X X X X X X X X X X X X X ...		

SCHEDULE P - PART 1L
OTHER (INCLUDING CREDIT, ACCIDENT AND HEALTH)

(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred		Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported - Direct and Assumed
		1 Direct and Assumed	2 Ceded	3 Net (Columns 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid (Columns 4 - 5 + 6 - 7 + 8 - 9)	
					4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1.	Prior X X X X X X X X X X X X ...
2.	2007 X X X ...
3.	2008 X X X ...
4.	Totals X X X X X X X X X X X X ...

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Expenses Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		NONE		21	22			
	13	14	15	16	17								
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed								
1. Prior											Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
2. 2007													
3. 2008													
4. Totals													

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense	Pooling Participation Percentage	35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior X X X X X X X X X X X X X X X X X X X X X ...		
2. 2007		
3. 2008		
4. Totals X X X X X X X X X X X X X X X X X X X X X ...		

ANNUAL STATEMENT FOR THE YEAR 2008 OF THE Unison Health Plan of the Capital Area, Inc.

SCHEDULE P - PART 1M

INTERNATIONAL

(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred		Premiums Earned			Loss and Loss Expense Payments								12
		1 Direct and Assumed	2 Ceded	3 Net (Columns 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid (Columns 4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported - Direct and Assumed
					4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1.	Prior X X X X X X X X X X X X ...
2.	1999												... X X X ...
3.	2000												... X X X ...
4.	2001												... X X X ...
5.	2002												... X X X ...
6.	2003												... X X X ...
7.	2004												... X X X ...
8.	2005												... X X X ...
9.	2006												... X X X ...
10.	2007												... X X X ...
11.	2008												... X X X ...
12.	Totals	... X X X X X X X X X X X X ...

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		Expenses Unpaid				
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior						NONE							
2. 1999													
3. 2000													
4. 2001													
5. 2002													
6. 2003													
7. 2004													
8. 2005													
9. 2006													
10. 2007													
11. 2008													
12. Totals													

NONE

		Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company	Net Balance Sheet Reserves After Discount	
		26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense	Pooling Participation Percentage	35 Losses Unpaid	36 Loss Expenses Unpaid
1.	Prior X X X X X X X X X X X X X X X X X X X X X
2.	1999
3.	2000
4.	2001
5.	2002
6.	2003
7.	2004
8.	2005
9.	2006
10.	2007
11.	2008
12.	Totals X X X X X X X X X X X X X X X X X X X X X

SCHEDULE P - PART 1N - REINSURANCE
NONPROPORTIONAL ASSUMED PROPERTY

(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred		Premiums Earned			Loss and Loss Expense Payments								12
		1 Direct and Assumed	2 Ceded	3 Net (Columns 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid (Columns 4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported - Direct and Assumed
					4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1.	Prior X X X X X X X X X X X X ...
2.	1999												... X X X ...
3.	2000												... X X X ...
4.	2001												... X X X ...
5.	2002												... X X X ...
6.	2003												... X X X ...
7.	2004												... X X X ...
8.	2005												... X X X ...
9.	2006												... X X X ...
10.	2007												... X X X ...
11.	2008												... X X X ...
12.	Totals	... X X X X X X X X X X X X ...

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		Expenses Unpaid				
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior						NONE						.. X X X ..	
2. 1999												.. X X X ..	
3. 2000												.. X X X ..	
4. 2001												.. X X X ..	
5. 2002												.. X X X ..	
6. 2003												.. X X X ..	
7. 2004												.. X X X ..	
8. 2005												.. X X X ..	
9. 2006												.. X X X ..	
10. 2007												.. X X X ..	
11. 2008												.. X X X ..	
12. Totals												.. X X X ..	

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense	Pooling Participation Percentage	35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior X X X X X X X X X X X X X X X X X X X X X ...		
2. 1999 ...											
3. 2000 ...											
4. 2001 ...											
5. 2002 ...											
6. 2003 ...											
7. 2004 ...											
8. 2005 ...											
9. 2006 ...											
10. 2007 ...											
11. 2008 ...											
12. Totals X X X X X X X X X X X X X X X X X X X X X ...		

SCHEDULE P - PART 10 - REINSURANCE
NONPROPORTIONAL ASSUMED LIABILITY

(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred		Premiums Earned			Loss and Loss Expense Payments								12
		1 Direct and Assumed	2 Ceded	3 Net (Columns 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid (Columns 4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported - Direct and Assumed
					4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1.	Prior X X X X X X X X X X X X ...
2.	1999												... X X X ...
3.	2000												... X X X ...
4.	2001												... X X X ...
5.	2002												... X X X ...
6.	2003												... X X X ...
7.	2004												... X X X ...
8.	2005												... X X X ...
9.	2006												... X X X ...
10.	2007												... X X X ...
11.	2008												... X X X ...
12.	Totals	... X X X X X X X X X X X X ...

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other		23	24	25	
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		Expenses Unpaid					
	13	14	15	16	17	18	19	20	21	22				
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded				
1. Prior						NONE								.. X X X ..
2. 1999														.. X X X ..
3. 2000														.. X X X ..
4. 2001														.. X X X ..
5. 2002														.. X X X ..
6. 2003														.. X X X ..
7. 2004														.. X X X ..
8. 2005														.. X X X ..
9. 2006														.. X X X ..
10. 2007														.. X X X ..
11. 2008														.. X X X ..
12. Totals														.. X X X ..

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense	Pooling Participation Percentage	35 Losses Unpaid	36 Loss Expenses Unpaid
1.	Prior X X X X X X X X X X X X X X X X X X ...		
2.	1999 ...										
3.	2000 ...										
4.	2001 ...										
5.	2002 ...										
6.	2003 ...										
7.	2004 ...										
8.	2005 ...										
9.	2006 ...										
10.	2007 ...										
11.	2008 ...										
12.	Totals X X X X X X X X X X X X X X X X X X ...		

SCHEDULE P - PART 1P - REINSURANCE
NONPROPORTIONAL ASSUMED FINANCIAL LINES

(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred		Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported - Direct and Assumed
		1 Direct and Assumed	2 Ceded	3 Net (Columns 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid (Columns 4 - 5 + 6 - 7 + 8 - 9)	
					4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1.	Prior	... X X X X X X X X X X X X ...
2.	1999												... X X X ...
3.	2000												... X X X ...
4.	2001												... X X X ...
5.	2002												... X X X ...
6.	2003												... X X X ...
7.	2004												... X X X ...
8.	2005												... X X X ...
9.	2006												... X X X ...
10.	2007												... X X X ...
11.	2008												... X X X ...
12.	Totals	... X X X X X X X X X X X X ...

		Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Expenses Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed		
		Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22					
		13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded							
		Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded					
1.	Prior					NONE								.. X X X ..		
2.	1999															.. X X X ..
3.	2000															.. X X X ..
4.	2001															.. X X X ..
5.	2002													.. X X X ..		
6.	2003													.. X X X ..		
7.	2004													.. X X X ..		
8.	2005													.. X X X ..		
9.	2006													.. X X X ..		
10.	2007													.. X X X ..		
11.	2008													.. X X X ..		
12.	Totals													.. X X X ..		

NONE

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense	Pooling Participation Percentage	35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior X X X X X X X X X X X X X X X X X X X X X ...		
2. 1999 ...											
3. 2000 ...											
4. 2001 ...											
5. 2002 ...											
6. 2003 ...											
7. 2004 ...											
8. 2005 ...											
9. 2006 ...											
10. 2007 ...											
11. 2008 ...											
12. Totals X X X X X X X X X X X X X X X X X X X X X ...		

SCHEDULE P - PART 1R - SECTION 1
PRODUCTS LIABILITY - OCCURRENCE

(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred		Premiums Earned			Loss and Loss Expense Payments								12
		1 Direct and Assumed	2 Ceded	3 Net (Columns 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid (Columns 4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported - Direct and Assumed
					4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1.	Prior X X X X X X X X X X X X ...
2.	1999
3.	2000
4.	2001
5.	2002
6.	2003
7.	2004
8.	2005
9.	2006
10.	2007
11.	2008
12.	Totals X X X X X X X X X X X X ...

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		Expenses Unpaid				
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior						NONE							
2. 1999													
3. 2000													
4. 2001													
5. 2002													
6. 2003													
7. 2004													
8. 2005													
9. 2006													
10. 2007													
11. 2008													
12. Totals													

NONE

		Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
		26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1.	Prior X X X X X X X X X X X X X X X X X X ...			
2.	1999	
3.	2000	
4.	2001	
5.	2002	
6.	2003	
7.	2004	
8.	2005	
9.	2006	
10.	2007	
11.	2008	
12.	Totals X X X X X X X X X X X X X X X X X X X X X	

SCHEDULE P - PART 1R - SECTION 2
PRODUCTS LIABILITY - CLAIMS - MADE

(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred		Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported - Direct and Assumed
		1 Direct and Assumed	2 Ceded	3 Net (Columns 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid (Columns 4 - 5 + 6 - 7 + 8 - 9)	
					4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1.	Prior X X X X X X X X X X X X ...
2.	1999
3.	2000
4.	2001
5.	2002
6.	2003
7.	2004
8.	2005
9.	2006
10.	2007
11.	2008
12.	Totals X X X X X X X X X X X X ...

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		Expenses Unpaid				
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior						NONE							
2. 1999													
3. 2000													
4. 2001													
5. 2002													
6. 2003													
7. 2004													
8. 2005													
9. 2006													
10. 2007													
11. 2008													
12. Totals													

		Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company	Net Balance Sheet Reserves After Discount	
		26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense	Pooling Participation Percentage	35 Losses Unpaid	36 Loss Expenses Unpaid
1.	Prior X X X X X X X X X X X X X X X X X X ...			
2.	1999 ...											
3.	2000 ...											
4.	2001 ...											
5.	2002 ...											
6.	2003 ...											
7.	2004 ...											
8.	2005 ...											
9.	2006 ...											
10.	2007 ...											
11.	2008 ...											
12.	Totals X X X X X X X X X X X X X X X X X X X X X ...		

SCHEDULE P - PART 1S
FINANCIAL GUARANTY/MORTGAGE GUARANTY

(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred		Premiums Earned			Loss and Loss Expense Payments								12
		1 Direct and Assumed	2 Ceded	3 Net (Columns 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid (Columns 4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported - Direct and Assumed
					4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1.	Prior X X X X X X X X X X X X ...
2.	2007 X X X ...
3.	2008 X X X ...
4.	Totals X X X X X X X X X X X X ...

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Expenses Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis	NONE		21	22				
	13	14	15	16						17			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded						Direct and Assumed			
1. Prior	
2. 2007	
3. 2008	
4. Totals	

		Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
		26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1.	Prior X X X X X X X X X X X X X X X X X X X X X ...		
2.	2007		
3.	2008		
4.	Totals X X X X X X X X X X X X X X X X X X X X X ...		

ANNUAL STATEMENT FOR THE YEAR 2008 OF THE Unison Health Plan of the Capital Area, Inc.

SCHEDULE P - PART 1T

WARRANTY

(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred		Premiums Earned			Loss and Loss Expense Payments								12
		1 Direct and Assumed	2 Ceded	3 Net (Columns 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid (Columns 4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported - Direct and Assumed
					4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1.	Prior X X X X X X X X X X X X ...
2.	2007
3.	2008
4.	Totals X X X X X X X X X X X X ...

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Expenses Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis				21	22			
	13	14	15	16	17	NONE							
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed								
1. Prior	Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
2. 2007
3. 2008
4. Totals

		Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
		26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1.	Prior X X X X X X X X X X X X X X X X X X X X X ...		
2.	2007		
3.	2008		
4.	Totals X X X X X X X X X X X X X X X X X X X X X ...		

SCHEDULE P - PART 2 - SUMMARY

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										DEVELOPMENT	
	1	2	3	4	5	6	7	8	9	10	11	12
	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	One Year	Two Year
1. Prior
2. 1999
3. 2000 X X X
4. 2001 X X X X X X
5. 2002 X X X X X X X X X
6. 2003 X X X X X X X X X X X X
7. 2004 X X X X X X X X X X X X X X X
8. 2005 X X X X X X X X X X X X X X X
9. 2006 X X X X X X X X X X X X X X X X X X X X X
10. 2007 X X X X X X X X X X X X X X X X X X X X X X X X X X X ..
11. 2008 X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X ..
12. TOTALS

NONE

SCHEDULE P - PART 2A
HOMEOWNERS/FARMOWNERS

Years in Which Losses Were Incurred		INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										DEVELOPMENT	
		1 1999	2 2000	3 2001	4 2002	5 2003	6 2004	7 2005	8 2006	9 2007	10 2008	11 One Year	12 Two Year
1.	Prior												
2.	1999												
3.	2000	X X X ..											
4.	2001	X X X ..	X X X ..										
5.	2002	X X X ..	X X X ..	X X X ..									
6.	2003	X X X ..	X X X ..	X X X ..	X X X ..								
7.	2004	X X X ..	X X X ..	X X X ..	X X X ..								
8.	2005	X X X ..	X X X ..	X X X ..	X X X ..								
9.	2006	X X X ..	X X X ..	X X X ..	X X X ..								
10.	2007	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..				X X X ..
11.	2008	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..		X X X ..	X X X ..
12.	TOTALS												

SCHEDULE P - PART 2B
PRIVATE PASSENGER AUTO LIABILITY/MEDICAL

1.	Prior												
2.	1999												
3.	2000	X X X ..											
4.	2001	X X X ..	X X X ..										
5.	2002	X X X ..	X X X ..	X X X ..									
6.	2003	X X X ..	X X X ..	X X X ..	X X X ..								
7.	2004	X X X ..	X X X ..	X X X ..	X X X ..								
8.	2005	X X X ..	X X X ..	X X X ..	X X X ..								
9.	2006	X X X ..	X X X ..	X X X ..	X X X ..								
10.	2007	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..				X X X ..
11.	2008	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..		X X X ..	X X X ..
12.	TOTALS												

SCHEDULE P - PART 2C
COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL

1.	Prior												
2.	1999												
3.	2000	X X X ..											
4.	2001	X X X ..	X X X ..										
5.	2002	X X X ..	X X X ..	X X X ..									
6.	2003	X X X ..	X X X ..	X X X ..	X X X ..								
7.	2004	X X X ..	X X X ..	X X X ..	X X X ..								
8.	2005	X X X ..	X X X ..	X X X ..	X X X ..								
9.	2006	X X X ..	X X X ..	X X X ..	X X X ..								
10.	2007	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..				X X X ..
11.	2008	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..		X X X ..	X X X ..
12.	TOTALS												

SCHEDULE P - PART 2D
WORKERS' COMPENSATION

1.	Prior												
2.	1999												
3.	2000	X X X ..											
4.	2001	X X X ..	X X X ..										
5.	2002	X X X ..	X X X ..	X X X ..									
6.	2003	X X X ..	X X X ..	X X X ..	X X X ..								
7.	2004	X X X ..	X X X ..	X X X ..	X X X ..								
8.	2005	X X X ..	X X X ..	X X X ..	X X X ..								
9.	2006	X X X ..	X X X ..	X X X ..	X X X ..								
10.	2007	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..				X X X ..
11.	2008	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..		X X X ..	X X X ..
12.	TOTALS												

SCHEDULE P - PART 2E
COMMERCIAL MULTIPLE PERIL

1.	Prior												
2.	1999												
3.	2000	X X X ..											
4.	2001	X X X ..	X X X ..										
5.	2002	X X X ..	X X X ..	X X X ..									
6.	2003	X X X ..	X X X ..	X X X ..	X X X ..								
7.	2004	X X X ..	X X X ..	X X X ..	X X X ..								
8.	2005	X X X ..	X X X ..	X X X ..	X X X ..								
9.	2006	X X X ..	X X X ..	X X X ..	X X X ..								
10.	2007	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..				X X X ..
11.	2008	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..		X X X ..	X X X ..
12.	TOTALS												

SCHEDULE P - PART 2F - SECTION 1
MEDICAL MALPRACTICE - OCCURRENCE

Years in Which Losses Were Incurred		INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										DEVELOPMENT	
		1 1999	2 2000	3 2001	4 2002	5 2003	6 2004	7 2005	8 2006	9 2007	10 2008	11 One Year	12 Two Year
1.	Prior												
2.	1999												
3.	2000	XXX											
4.	2001	XXX	XXX										
5.	2002	XXX	XXX	XXX									
6.	2003	XXX	XXX	XXX	XXX								
7.	2004	XXX	XXX	XXX	XXX								
8.	2005	XXX	XXX	XXX	XXX								
9.	2006	XXX	XXX	XXX	XXX								
10.	2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11.	2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12.	TOTALS												

SCHEDULE P - PART 2F - SECTION 2
MEDICAL MALPRACTICE - CLAIMS MADE

1.	Prior												
2.	1999												
3.	2000	XXX											
4.	2001	XXX	XXX										
5.	2002	XXX	XXX	XXX									
6.	2003	XXX	XXX	XXX	XXX								
7.	2004	XXX	XXX	XXX	XXX								
8.	2005	XXX	XXX	XXX	XXX								
9.	2006	XXX	XXX	XXX	XXX								
10.	2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11.	2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12.	TOTALS												

SCHEDULE P - PART 2G
SPECIAL LIABILITY (OCEAN MARINE, AIRCRAFT (ALL PERILS), BOILER AND MACHINERY)

1.	Prior												
2.	1999												
3.	2000	XXX											
4.	2001	XXX	XXX										
5.	2002	XXX	XXX	XXX									
6.	2003	XXX	XXX	XXX	XXX								
7.	2004	XXX	XXX	XXX	XXX								
8.	2005	XXX	XXX	XXX	XXX								
9.	2006	XXX	XXX	XXX	XXX								
10.	2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11.	2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12.	TOTALS												

SCHEDULE P - PART 2H - SECTION 1
OTHER LIABILITY - OCCURRENCE

1.	Prior												
2.	1999												
3.	2000	XXX											
4.	2001	XXX	XXX										
5.	2002	XXX	XXX	XXX									
6.	2003	XXX	XXX	XXX	XXX								
7.	2004	XXX	XXX	XXX	XXX								
8.	2005	XXX	XXX	XXX	XXX								
9.	2006	XXX	XXX	XXX	XXX								
10.	2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11.	2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12.	TOTALS												

SCHEDULE P - PART 2H - SECTION 2
OTHER LIABILITY - CLAIMS-MADE

1.	Prior												
2.	1999												
3.	2000	XXX											
4.	2001	XXX	XXX										
5.	2002	XXX	XXX	XXX									
6.	2003	XXX	XXX	XXX	XXX								
7.	2004	XXX	XXX	XXX	XXX								
8.	2005	XXX	XXX	XXX	XXX								
9.	2006	XXX	XXX	XXX	XXX								
10.	2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11.	2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12.	TOTALS												

SCHEDULE P - PART 2I

SPECIAL PROPERTY (FIRE, ALLIED LINES, INLAND MARINE, EARTHQUAKE, BURGLARY AND THEFT)

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										DEVELOPMENT	
	1 1999	2 2000	3 2001	4 2002	5 2003	6 2004	7 2005	8 2006	9 2007	10 2008	11 One Year	12 Two Year
1. Prior X X X X X X X X X X X X ..	N O N E			... X X X
2. 2007 X X X X X X X X X X X X X X X X X X ..
3. 2008 X X X X X X X X X X X X X X X X X X X X X X X X ..
4. TOTALS

SCHEDULE P - PART 2J

AUTO PHYSICAL DAMAGE

1. Prior	XXX ..	XXX ..	XXX ..	XXX ..	N O N E	XXX ..				
2. 2007	XXX ..	XXX ..	XXX ..	XXX ..		XXX ..				XXX ..
3. 2008	XXX ..	XXX ..	XXX ..	XXX ..		XXX ..			XXX ..	XXX ..
4. TOTALS										

SCHEDULE P - PART 2K

FIDELITY/SURETY

1.	Prior	XXX	XXX	XXX	XXX	N O N E	XXX
2.	2007	XXX	XXX	XXX	XXX		XXX	XXX
3.	2008	XXX	XXX	XXX	XXX		XXX	XXX	XXX	XXX
4.	TOTALS										

SCHEDULE P - PART 2L

OTHER (INCLUDING CREDIT, ACCIDENT AND HEALTH)

1.	Prior	XXX	XXX	XXX	XXX	N O N E	XXX
2.	2007	XXX	XXX	XXX	XXX		XXX	XXX
3.	2008	XXX	XXX	XXX	XXX		XXX	XXX	XXX	XXX
4.	TOTALS

SCHEDULE P - PART 2M

INTERNATIONAL

1. Prior
2. 1999
3. 2000 X X X
4. 2001 X X X X X X
5. 2002 X X X X X X X X X	N O N E		
6. 2003 X X X X X X X X X X X X
7. 2004 X X X X X X X X X X X X
8. 2005 X X X X X X X X X X X X X X X X X X X X X
9. 2006 X X X X X X X X X X X X X X X X X X X X X
10. 2007 X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X ..
11. 2008 X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X ..
12. TOTALS

SCHEDULE P - PART 2N - REINSURANCE
NONPROPORTIONAL ASSUMED PROPERTY

Years in Which Losses Were Incurred		INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										DEVELOPMENT	
		1	2	3	4	5	6	7	8	9	10	11	12
		1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	One Year	Two Year
1.	Prior												
2.	1999												
3.	2000	X X X ..											
4.	2001	X X X ..	X X X ..										
5.	2002	X X X ..	X X X ..	X X X ..									
6.	2003	X X X ..	X X X ..	X X X ..	X X X ..	N O N E							
7.	2004	X X X ..	X X X ..	X X X ..	X X X ..								
8.	2005	X X X ..	X X X ..	X X X ..	X X X ..								
9.	2006	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..					
10.	2007	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..				X X X ..
11.	2008	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..		X X X ..	X X X ..
12.	TOTALS												

SCHEDULE P - PART 2O - REINSURANCE
NONPROPORTIONAL ASSUMED LIABILITY

1.	Prior												
2.	1999												
3.	2000	X X X ..											
4.	2001	X X X ..	X X X ..										
5.	2002	X X X ..	X X X ..	X X X ..									
6.	2003	X X X ..	X X X ..	X X X ..	X X X ..	N O N E							
7.	2004	X X X ..	X X X ..	X X X ..	X X X ..								
8.	2005	X X X ..	X X X ..	X X X ..	X X X ..								
9.	2006	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..					
10.	2007	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..				X X X ..
11.	2008	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..		X X X ..	X X X ..
12.	TOTALS												

SCHEDULE P - PART 2P - REINSURANCE
NONPROPORTIONAL ASSUMED FINANCIAL LINES

1.	Prior												
2.	1999												
3.	2000	X X X ..											
4.	2001	X X X ..	X X X ..										
5.	2002	X X X ..	X X X ..	X X X ..									
6.	2003	X X X ..	X X X ..	X X X ..	X X X ..	N O N E							
7.	2004	X X X ..	X X X ..	X X X ..	X X X ..								
8.	2005	X X X ..	X X X ..	X X X ..	X X X ..								
9.	2006	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..					
10.	2007	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..				X X X ..
11.	2008	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..		X X X ..	X X X ..
12.	TOTALS												

SCHEDULE P - PART 2R - SECTION 1
PRODUCTS LIABILITY - OCCURRENCE

Years in Which Losses Were Incurred		INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)									DEVELOPMENT		
		1	2	3	4	5	6	7	8	9	10	11	12
		1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	One Year	Two Year
1.	Prior												
2.	1999												
3.	2000	X X X											
4.	2001	X X X	X X X										
5.	2002	X X X	X X X	X X X		N O N E							
6.	2003	X X X	X X X	X X X	X X X								
7.	2004	X X X	X X X	X X X	X X X								
8.	2005	X X X	X X X	X X X	X X X								
9.	2006	X X X	X X X	X X X	X X X	X X X	X X X	X X X					
10.	2007	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X			X X X	
11.	2008	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X		X X X	X X X	
12.	TOTALS												

SCHEDULE P - PART 2R - SECTION 2
PRODUCTS LIABILITY - CLAIMS-MADE

1.	Prior												
2.	1999												
3.	2000	X X X ..											
4.	2001	X X X ..	X X X ..										
5.	2002	X X X ..	X X X ..	X X X ..									
6.	2003	X X X ..	X X X ..	X X X ..	X X X ..	N O N E							
7.	2004	X X X ..	X X X ..	X X X ..	X X X ..								
8.	2005	X X X ..	X X X ..	X X X ..	X X X ..								
9.	2006	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..					
10.	2007	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..				X X X ..
11.	2008	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..		X X X ..	X X X ..
12.	TOTALS												

SCHEDULE P - PART 2S
FINANCIAL GUARANTY/MORTGAGE GUARANTY

1.	Prior	X X X ..	X X X ..	X X X ..	X X X ..		N O N E			X X X ..				X X X ..
2.	2007	X X X ..	X X X ..	X X X ..	X X X ..					X X X ..				X X X ..
3.	2008	X X X ..	X X X ..	X X X ..	X X X ..					X X X ..	X X X ..			X X X ..
4.	TOTALS													

SCHEDULE P - PART 2T
WARRANTY

1.	Prior	X X X ..	X X X ..	X X X ..	X X X ..		N O N E			X X X ..				X X X ..
2.	2007	X X X ..	X X X ..	X X X ..	X X X ..					X X X ..				X X X ..
3.	2008	X X X ..	X X X ..	X X X ..	X X X ..					X X X ..	X X X ..			X X X ..
4.	TOTALS													

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